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ABSTRACT

The Parenting Stress Index (PSI) is a clinical and research self-report instrument (101 items) designed as a screening and diagnostic assessment technique to identify parent and child systems which are under stress, and in which deviant development of the child is likely to take place, or where dysfunctional parenting is likely to occur. The PSI yields a total score, three domain scores, and 15 subscales. The domains measured are stresses related to child characteristics, parental characteristics, and situation and demographic factors. The procedures used to develop the PSI and to document its validity, reliability, and normative properties are discussed both in the PSI Manual and in the included Research Update (which reports on developments since 1979). The manual also contains information on scoring and test interpretation, as well as case studies (normal family, crisis profile, separation anxiety, permissive parent) and reference group profiles (cerebral palsy, child abuse, hyperactive, developmentally delayed, normal nursery school. The Administration Booklet is a copy of the test instrument. (PN)

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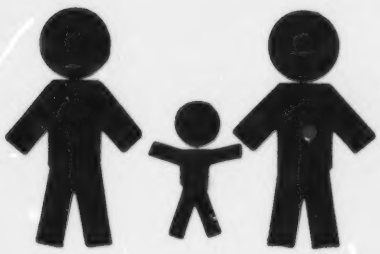
PARENTING STRESS INDEX



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TM 830 729 (1 of 3)

PARENTING STRESS INDEX--MANUAL

(PSI)

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-Preface-

The Parenting Stress Index is the product of a number of professional and life experiences dating back twenty-five years. The personal experiences centered around the birth of my four children while I was enrolled as an undergraduate and during graduate school. Although the need to respond to the demands of a new marriage, children, the economics of the situation and my studies was difficult, it provided a unique opportunity to live and study family life formation, child development, and parenting stress.

This personal experience was supplemented by the opportunity to interact with other young parents who were struggling to adjust to their new role as parents. These early observations clearly indicated that each child in each family was different and that some were easier to manage and respond to than others. Likewise, each parent appeared to be different and to possess differing degrees of talent, knowledge and tempermental disposition with regard to the role of parenting. The third major set of observations was that each familys' situation was different from the standpoint of economics and family support and that this either eased or made more difficult the task of parenting.

During this five year period I witnessed the solid growth of many families and the dissolution of some. In each situation in which development of dysfunctional patterns of parenting occurred, and the children developed behavior and emotional problems one or more of the three sets of factors described above seemed to be operating.

These experiences were followed by three years of professional work (1964-1967) as a clinical psychologist in a large medical faculty at Wilford Hall USAF Hospital, San Antonio, Texas. While in San Antonio, I began my life-long professional interest in parenting. All of the observations made earlier were again reinforced--this time with the opportunity to broaden my experience base to include minorities and military families. Throughout this period I was able to work closely with the pediatricians at the Hospital in terms of both outpatient and inpatient care. During the last two years of this experience I had the unique opportunity of being assigned Pediatric Residents for one month periods, during which time I was to teach them about "Behavioral Medicine and Child Development." This exposure to nearly a dozen pediatric residents and the related close working relationship with the house-staff gave me the opportunity to learn about their professional concerns, fears, and apprehension in relation to working with parents in relation to psychological and behavioral issues. The following were but some of the kinds of questions and issues which were raised: "When should I ignore things?" "When should I say he/she will outgrow it?" "I just don't have the time to listen to an upset mother for 30 or 45 minutes and I feel guilty." "I never would have picked her as a child beater." "I wish I could figure out which of these parents really needs professional psychological help and which I can respond to?"

In partial response to these concerns, I was scheduled 1½ days per week to work in the Pediatric outpatient clinic where I saw parents and children along with the pediatricians. Both "emergency situations" and "scheduled conferences" were seen. From these interactions it became clear that many primaparous parents suffered from excess amounts of anxiety and tension which was manifest in behaviors and symptoms similar to those seen in psychiatric patients. This stress, however, was situational and stimulus specific, and related directly to their role as parent and to their interactions with their child. Brief consultation of two or three sessions which focused on reassurance, direct suggestions, information giving, focusing the parents' attention on concrete issues, self esteem enhancement, resolved nearly half of these "problem cases." The balance of the cases seemed to fall into two large groups. The first was what we called the "difficult child" and the second was termed "difficult situation." The difficult child was a child who possessed attributes which would make it difficult for any parent to fulfill the parenting role. This group included children with characteristics such as hyperactivity, hyperexcitability, low sleep requirement, low plasticity-adaptability, low intelligence, and physical handicaps. The second group was dominated by stressful situational factors such as: low income; lack of a family or friendship support system; major stressful life events, i.e., divorce, or death of a spouse.

In September, 1967, I began my professional career at the University of Virginia and in one way or another I have consistently been involved in working with parents and children ever since. The Parenting Stress Index was developed largely as a result of my work in the area of parent education and my return to consulting in a pediatric setting in 1977.

My parent education work has involved direct work with diverse groups of parents ranging from young unwed mothers to University faculty. It has also resulted in the development of the Parenting Skills program (1976, 1982).[1] In addition to hearing the concerns of parents as they presented them in the group setting, I have been privileged to have parents supply me with diaries of their feelings regarding themselves as a parent, and about events involving their children and spouses. These inputs have had a major impact upon my thinking and have convinced me that the emotional interpretation of situations by parents was just as important as the objective events or characteristics of the children with regard to the experience of parenting stress.

The second major set of learning experiences occurred during this time when I recognized that there was no set of parenting skills or attributes which was best for facilitating the development of children. Further, successful parents used a wide variety of management strategies: reasoning, guilt and shame, praise, corporal punishment, deprivation of privileges, rewards, just being available, etc., all are used by some successful parents. Further, all parents, even those adjudicated as child abusers seemed to care for their children and wanted them to grow up to be happy and successful. "Why then do dysfunctional patterns of parenting develop?" Once this question was raised in my mind, in the context of my prior experiences, it became clear that every parent experiences stresses which, depending upon their number and intensity and the resources available to cope with them, would determine whether dysfunctional parenting occurred. The

natural consequence of this dysfunctional parenting being that the child often develops behavioral and emotional problems.

The idea of being able to identify those stressors which were most commonly associated with dysfunctional parenting led to an extensive review of the literature to determine what the research base of psychology and psychiatry had identified. The conclusions of each study reviewed was catalogued first in terms of negative or positive findings and secondly in terms of the relationship between parenting behavior and the identified stressor. The purpose of this exercise was to determine what variables (characteristics) were found to be consistently associated with dysfunctional parenting. Once this was accomplished, it was hoped that an instrument could be developed which would have some validity in screening parents who were experiencing stressors related to dysfunctional parenting. As the items were developed it appeared that three main areas or domains of stressors existed which approximated the three major sets of factors which I had identified as a young parent. This was subsequently supported by a series of factor analyses conducted on the items.

Armed with the first draft of the Parenting Stress Index, Dr. William Burke and I convinced a group of pediatricians[2] to allow us to start a Parenting Clinic in their group practice and to use the Parenting Stress Index as a screening and diagnostic procedure. For three years the Parenting Stress Index was used in that pediatric setting and underwent a series of revisions. The revisions came out of a continuing research effort and our clinical experience of using the Parenting Stress Index. In 1979 the PSI began to be used by researchers and clinicians in a variety of settings throughout the United States and Canada. In fact, a large amount of the validity information reported on in this manual was developed by researchers unrelated to the group at the University of Virginia.

It now appears that the PSI is ready for use by clinicians and researchers who work with parents and children in a variety of settings. The primary categories of use of the PSI are early identification screening, individual diagnostic assessment, pre-post measures of intervention effectiveness, and research aimed at studying the effects of stress on parenting behavior and other psychological variables.

Notes

1. Parenting Skills: Trainer's Manual and Parent Workbook. New York: Human Sciences Press, 1976, 2nd. Ed. 1982.

2. I would like to express my thanks to the physicians of Pediatric Associates of Charlottesville, Virginia, for their support and encouragement in the development of the Parenting Stress Index.

Introduction to PSI

The importance of early identification and intervention efforts lie in the potential for reducing the frequency and intensity of behavioral and emotional disturbance among children in our society. A growing body of research literature exists which focuses on the early identification of children who are at risk for later developmental difficulty in the cognitive domain (AJO, 1978), while considerably less attention has been paid to the area of emotional development. Those efforts which focus on predicting the future emotional/behavioral development of children have typically approached the task by almost exclusively assessing the child's attributes (Carey, 1972; McInerny & Chamberlain, 1978). Research on the development of behavior disorders in children (Thomas, Chess & Birch, 1968; Cameron, 1977) has identified the existence of excessively stressful characteristics of the child as one of the major factors contributing to the development of behavioral disturbances. Stress in the parenting system during the first three years of life is especially critical in relation to the child's emotional/behavioral development and to the parent-child relationship. What appeared to be needed was an approach which assesses the many facets of the parent-child system and not one element. Child Characteristics, Mother Characteristics, and Life Stress events are but some of the domains which need to be considered.

The Parenting Stress Index capitalizes on the research efforts and findings of such individuals as Thomas, Chess & Birch (1968), Dick Bell (1975), Elsa Broussard (1970), Rahe (1974), Mary Ainsworth (1978), J. Cameron (1978) and Holmes & Masuda (1974). The development of the instrument was guided by a number of assumptions. The first was that the instrument would be built on the existing knowledge base. Second, the present effort would be to collate and interface the existing knowledge base with the clinical issues of identification and diagnostic analysis of individual mother-child systems under stress. The third major assumption was that stressors or sources of stress are additive, the work of Selye (1952, 1974) and Rahe (1974) on life stress events support this assumption. The fourth assumption was that stressors were multi-dimensional both as to source and as to kind. This assumption led us to identify three major source domains of stressors: 1) Child Characteristics; 2) Mother Characteristics; and 3) Situational/Demographic-Life Stress. With regard to the kinds of stressors identified, they range from objective life events such as the death of a family member, to the mothers judgment of the childs activity level, to the mothers subjective feelings of being trapped by her parenting responsibilities.

Existing research and clinical evidence suggested that assessing the stress present in the parenting system was feasible and would provide clinically useful information. The literature demonstrated that it was possible to make gross predictions about the course of the developing parent-child relationship and the child's later adjustment from data

available during the first half year of life (Broussard, 1970; Lagercrantz & Lagercrantz, 1975; Metz, et al., 1976). A technique which could identify parent-child systems under excessive degrees of stress could function as an important part of preventive programs aimed at early identification and intervention.

The importance of early preventive programs is apparent when we consider that, typically, children come to the attention of mental health professionals around the time they begin school. This delay in identification of from one to five years often permits a negative situation to influence the child's development to such a degree as to make subsequent remediation difficult and expensive. The ability to identify such high risk situations at the earliest possible point in time would allow for more efficient and effective interventions. The Parenting Stress Index is a screening and diagnostic assessment technique designed to yield a measure of the relative magnitude of stress in the parent-child system. The initial use of the mother as the measuring point was based on the assumption that the mother is typically the keystone of the family system and will be most knowledgeable about and most reflective of the pressures and stresses present in the entire parent-child system. The PSI is, however, structured so that it may be taken by either parent.

The Initial Development

The project began with a series of wide ranging literature reviews related to childrearing in order to make maximal use of relevant research as the basis for developing the assessment technique items. Domains were identified in the research literature which suggested variables which needed to be assessed by the items to be developed. This approach resulted in over 95% of the items included on the PSI being directly related to specific research findings. The initial item pool included questionnaire items and behavior rating items of varying formats. The items were then rated as to the relevance of their content and the adequacy of their construction by a panel of six professionals with prominent reputations as researchers and clinicians in the child development and clinical child psychology area. Suggested revisions were also solicited from the judges. The ratings and suggestions made by the judges were used to make further revisions. The judges ratings indicated a high degree of face validity for both individual items and the scale as a whole.

These items were then field tested and revised three times using pilot samples of mothers of widely varying SES and educational level. The mothers who participated in the field tests were asked for their reactions to the items and the procedures used. These procedures were used to: select the most acceptable and easily understood formats; revise instructions; and make changes in item content.

These procedures resulted in a questionnaire (Parenting Stress Index) which contained 151 items. The items were assigned to apriori subscales (Child Characteristics, Mother Characteristics and Situational/ Demographic Characteristics) based on their manifest content and the

research domain the item represented. The field tests indicated that most mothers were able to complete the questionnaire in 20-30 minutes and that it was understandable to mothers having at least a 5th grade reading level.

The initial sample consisted of 208 mothers with children younger than 3 years of age who brought their children to the well-child clinic of a private pediatric group practice in Charlottesville, Virginia.

Following the field testing of Form 3 of the PSI, two additional sets of format changes were made which resulted in Form 5. Form 5's norms consisted of 534 mothers who were drawn from the same private group pediatric practice in Charlottesville, Virginia. The mothers comprising the sample were young (mean age 28) and each had at least one child below 3 years of age. Forty percent of the mothers were employed, with a median total family income of $15,000-20,000 per year, and 95% were white.

The PSI was factor analyzed and a two factor solution was developed which accounted for 26% of the total variance, this is in line with our assumption that stress is likely to be multidimensional and composed of relatively discrete sources. The first factor in order of magnitude contained mainly items from the Mother Characteristics domain (19.6% of variance). The second largely contained items from the Child Characteristics domain (6.6% variance). The remaining variance was accounted for by a large number of factors which individually accounted for from 4.4 to 1% of the variance.

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Parenting Stress Index (Form 6)

Statistical Characteristics

Brenda H. Loyd
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This section describes the procedures used to develop the Parenting Stress Index, especially the revision of Form 5 to create Form 6, the current form, and to document its validity, reliability and normative properties. The content of this section has been divided into three parts: a) validity; b) reliability; and c) normative information.

Validity

Content Validity

Test items included in the PSI were initially developed in the following manner (Burke, 1978). First, a general review was conducted of relevant research in the areas of infant development, parent-child interaction, attachment, child abuse and neglect, child psychopathology, childbearing practice and stress. Second, based on the literature review and clinical experience, a comprehensive list of dimensions was developed, and items were constructed to assess these dimensions. Third, pilot testing procedures were used to assess the readability of the items, effects of item format, and administration time of the items. Fourth, a panel of six professionals in the area of early parent-child relationships rated each item for relevance of content and adequacy of construction. Additional field testings were conducted, and an instrument containing 150 items resulted. Of these items, 95% were directly related to at least one research study providing evidence of the importance of the attribute measured by the item as a stressor for parents of young children. A detailed description of the initial content validation of the PSI is provided by Burke (1978).

Revisions Producing PSI, Form 6

Form 6 of the Parenting Stress Index, the current form, is a revision of earlier forms to permit easier hand scoring and to reduce the length of the instrument. This reduces the time needed for administration and the time and complexity involved in obtaining subscales and domain scores. Earlier forms of the PSI allowed some items to contribute to more than one subscale score and more than one domain. To decide which items to retain or delete for Form 6, and how the results should be interpreted, correlations between each item and each domain scale were obtained. These correlations provided evidence of the consistency between the item and the given domain as well as the ability of the items to discriminate among persons with greater and lesser amounts of the attributes measured by the three domain scales. Correlations between each item and the subscales were also obtained. Items were retained on some subscales and deleted from other scales on the basis of these correlations,

along with information obtained from factor analyses. All such decisions were made in congruence with the content validity as established in relation to clinical and research studies. Items which were not shown to contribute substantially to the subscales or domains were deleted. With these revisions the PSI was reduced from 150 to 101 items with an optional 19 item Life Stress Scale.

Child Domain -- 47 items	
Adaptability	11 items
Acceptability	7 items
Demandingness	9 items
Mood	5 items
Distractibility/Hyperactivity	9 items
Reinforces Parent	6 items
Parent Domain -- 54 items	
Depression	9 items
Attachment	7 items
Restrictions of Role	7 items
Sense of Competence	13 items
Social Isolation	6 items
Relationship with Spouse	7 items
Parent Health	5 items
Total	101 items
Life Stress -- 19 items (optional scale)	19 items

Concurrent and Construct Validity

Concurrent validity is demonstrated by showing that test scores are positively correlated with alternative measures of the same construct. The alternative measure is termed a criterion. Several studies have examined the concurrent and construct validity of the PSI.

Lafiosca (1981) compared parents of a matched sample of normal children with an unselected group of parents who brought their child to a child development clinic for evaluation (N=70). Evidence of the concurrent validity was found in the significant correlations (.001) between the Child Domain of the PSI and the Child Behavior Problem Checklist (Quay and Peterson, 1979) when the Child Behavior Problem Checklist was completed by either the child's parent or the child's teacher. Evidence of the PSI's concurrent validity was established when the Parent Domain Score was found to be significantly correlated with the State-Trait Anxiety Scale (Spielberger, 1970). In fact, the magnitude of the correlation (.68) was essentially the same as was found between the two parts of the state-trait anxiety instrument (.72). The PSI's correlation with the Marlowe-Crowne social desirability scale (Crowne and Marlowe, 1964) was found to be relatively low, with a coefficient of .12 being reported in relation to the clinical sample and .33 for the total sample, which suggests that when parents complete the PSI they do so in a non-defensive manner.

Jenkins (1982), reporting on a sample of 60 mothers of nursery school children, confirmed the findings of Lafiosca (1981) regarding the relationship between the PSI and the State and Trait Scores of the State-Trait Anxiety Scale (STAI). She found that the Total Score of the PSI was significantly ($p < .001$) correlated (.84) with Trait Anxiety and (.71) with State Anxiety. A stepwise multiple regression analysis indicated that the Parent Domain accounted for 61% ($r = .78$) of the variance with the State Anxiety Scale of the STAI. A second stepwise multiple regression analysis indicated that the Parent Domain accounted for 73% ($r = .82$) of the variance with the Trait Anxiety Scale of the STAI.

Two studies support the concurrent validity of the PSI when used as a pre-post measure. Lafferty (1980) reported on the use of the PSI as a pre-post measure of change in two groups of parents who were seen for parent training at the Beechgrove Regional Children's Center in Ontario, Canada. Significant shifts downward in parenting stress were measured for the Total Stress Score, the Child Domain Score, and the Parent Domain Score as a result of the parent education program. Plough (1980) dealt with the effectiveness of brief parent consultation (1-8 sessions) in a pediatric practice for mothers of young children (0 to 10 years) who reported experiencing difficulty in childcare, and found a significant downward shift in the Total Stress Score of the PSI following consultation. The Plough and Lafferty studies suggest that the PSI is sensitive to reductions in stress level as a result of psychological intervention and therefore may be a valid measure of intervention effectiveness.

Awalt's study (1981) of the transition to parenthood employed the PSI with both mothers and fathers and provided additional support for the PSI's concurrent validity. Marital satisfaction was significantly ($p < .01$) related to parenting stress after childbirth as measured by the PSI. For women the simple value of the hierarchial regression analysis was -.58, while for men it was -.44. In contrast, the Infant Temperament Questionnaire (Carey and McDevitt, 1978) failed to display a significant relationship when the pre-baby measure of personal adjustment was used as a covariate. Further, Awalt reports that a measure of parental role satisfaction following the birth of a child was significantly correlated to PSI scores: .53 ($p < .01$) for women and .36 ($p < .10$) for men.

Mash's studies (1983b, 1983c) using behavioral observations provide strong concurrent validity data for the PSI in relation to parents of hyperactive children. The mothers of hyperactive children whose siblings interacted more with the parents during play reported higher levels of parenting self-esteem and lower levels of stress in both the Child and Parent Domains. In a supervised-task situation, negative behaviors in the hyperactive sibling dyad were highly correlated (.60) with the Child Domain stress score of the PSI. Further, when the mother's interaction with the hyperactive child was examined in a structured task setting, the mother's stress scores displayed slightly better ability to predict maternal behavior than did observed child behavior.

Zakreski (1983) examined the relationships between Parenting Stress Index scores, marital status, full-term and pre-term births and infant development as measured by the Bayley Infant Development Scales at 3 and 6 months for a sample of 54 parents. The PSI scores for the Child Domain, Mother Domain and Total Scores were all significantly ($p < .001$) correlated with the Bayley at both 3 months and 6 months postpartum. In point of fact, the magnitude of the correlation of the PSI with the 6 month Bayley scores increased over the correlations obtained at 3 months (e.g., Total Score, $r = .42$ at 3 months versus $r = .66$ at 6 months). Zakreski also examined infant development (Bayley scores) in relation to a division of her sample into high, medium, and low stress groups. An analysis of variance indicated a significant difference ($p < .01$) among the groups, with an orderly decrease in mean Bayley scores from low stress to high stress group. When the infants' health was examined using the Pediatric Complications Scale those scores were found to be significantly correlated with the Total Stress Score of the PSI ($r = .39$) ($p < .002$). These results support the concurrent validity of the PSI.

Casey (1983) investigated the relationship between the Parenting Stress Index and the Achenbach Child Behavior Checklist with respect to 60 preschool children--30 children with histories of recurrent episodes of serous otitis media and 30 children with histories of few problems with serous otitis media. Positive significant relationships between the Achenbach total score and the PSI Child Domain score ($r = .56$, $p < .001$) and between the Achenbach total score and the PSI Parent Domain score ($r = .40$, $p < .001$) found in this study also support the concurrent validity of the Parenting Stress Index.

Discriminant Validity

Discriminant validity is demonstrated by showing that the test scores are more highly correlated with certain criteria than with others. On the basis of these differential relationships, groups with different characteristics can be distinguished on the basis of these test measures. Several studies have examined the discriminant validity of the Parenting Stress Index.

Zimmerman (1979) found that 10 of the 20 scores on the PSI were significantly different between a group of mother-child systems in which the child had cerebral palsy (non-ambulatory; N=20) versus a matched control group of children (N=30) with no known psychological or physical differences. The pattern of differences was also meaningful, since nearly all of the differences were found in the Child Domain as one would expect in such a comparison. The only significant Parent Domain scores were those which were directly related to the child's problems (e.g., Social Isolation).

Greenberg (1983) studied parents of mentally retarded children and reported that the PSI discriminated between her clinical sample and the normative population. Further, her results replicated the study of Zimmerman (1979) in which certain stressors emanating from the Child Domain were identified as a pattern for a sample of physically handicapped children. This suggests that the PSI is not merely sensitive to the overall level of stress but to the specific sources of the stressors which in these studies were the child's deviant characteristics.

Saviano (1981) studied parents of children with severe developmental delay and feeding problems and found, as did Greenberg (1983) and Zimmerman (1979), that this population experiences significantly more stress than parents of normal children. The stressors associated with parenting were primarily related to the child's characteristics, i.e., hyperactivity/distractibility, mood, demandingness, etc. Two exceptions were that these parents felt reinforced by their child and yet they had significant doubts about their ability to handle their child competently.

Lafiosca (1981) found that the PSI was able to correctly identify 100% of the parents of the normal children in her study and 60% of the parents of the children seen at a child development clinic when the ninetieth percentile of the PSI Total Stress Score was used as a cutoff. Further, significant mean differences were found for the total score, for the three domain scores and for eleven of the 15 subscales. These results supported the discriminant validity of the PSI.

Hamilton (1980), in a follow-up of 37 mother-infant pairs from the Green study (1980), found the Parenting Stress Index not to be effective in itself in discriminating between infants showing secure versus anxious attachment as defined by Ainsworth (1978). However, when the results of the PSI were combined with the California Test of Personality (Gough, 1975) and a discriminant analysis conducted, it was possible to correctly classify 75% of the mothers in terms of their infants' attachment. Hamilton's data indicates that the low stress of mothers of anxiously attached infants are characterized by self-assurance, self-expressiveness, dominance, and independence in interpersonal relationships. Clinically, these mothers appeared detached from their infants in the same manner that they appeared detached from the expectations of the social norm for sensitivity to others in interpersonal situations. It appears that with regard to attachment, the PSI by itself may only be effective in identifying that segment of anxiously attached infants whose mothers are under high stress. These findings seem to suggest that there may be an optimum level of parenting stress and that parenting stress is a phenomenon which, to a degree, is dependent upon a significant investment in the child.

Abidin (1982), in a study of parenting stress and the utilization of pediatric services in children ages 6 to 48 months, found that health care services were more often sought for the treatment of injuries and accidents to children of high and low stress mothers than moderate stress mothers, while no differences were noted for other types of medical problems (e.g., infections). Abidin's study seems to make sense in light of the findings of Ainsworth (1978) and Hamilton (1980), in which attributes of the child's attachment to the mother and the mother's vigilance in relation to the child were found to be associated. Low stress (detached) mothers and high stress (disorganized) mothers seemed unable to provide the attention and interactions needed for adequate child care which is likely to lead to fewer injuries and accidents among their children.

Bristor (1982) studied the effects of perinatal coaching on mother-infant interactions, using the PSI as one dependent variable. The coaching consisted of teaching the parents communication skills in relation to their infants. This instruction was provided on days 1, 2, and 7 post-partum. Significant difference was found 28 days post-partum between the coached group and the control group of mothers (at the $p < .01$ level) in the Total Stress Scores and the three Domain Scores.

Upshur (1981), in a demonstration project involving early intervention for 26 children evidencing developmental delay, generated data indicating that a cut-off at the ninetieth percentile would correctly identify 89% of her high risk sample, which is strong evidence of the PSI's usefulness as a screening device.

Mash (1983a), who has used the PSI in a series of studies which focus on hyperactivity and family interactions, reports that mothers of hyperactive children earn significantly higher scores than parents of normal children and that the younger the child the higher the stress. The Child Domain Score of the PSI was found to be the most efficient discriminator between the groups. The Distractibility/Hyperactivity subscale and the Demandingness (Degree of Bother) subscale accounted for 74% of the variance between a sample of 40 mothers of hyperactive children and 51 mothers of normal children. When a within-group discriminant analysis was run for the younger and older hyperactive group, the Parent Domain score and its component subtest scores proved to be the best discriminators.

Mash also studied (1983b) samples of physically abusive and nonabusive mothers, and reported significant differences on all scales of the PSI and significant correlations between PSI stress scores and mothers' interactive behaviors, i.e., directiveness, and nonresponding and negative behaviors. These findings support the PSI's discriminative validity in relation to abusive and nonabusive parents.

Lawrence (1982) investigated the relationships between the amount of husband support and the level of the wife's parenting stress. A sample of 89 married couples with a first and only child in the 4-12 month age range responded to the Parenting Stress Index and to measures of husband support. Lawrence found the PSI Total Stress Score and the three Domain Scores to be negatively and significantly related to four of the five measures of husband support ($p < .01$). These consistent inverse relationships between husband support and wife's stress as measured by the PSI further support the discriminant validity of the PSI.

Green (1983), in a follow-up study of the study conducted by Lawrence (1982), investigated the relationships between the PSI Child Domain subscales and three dimensions of husband support--Emotional Support, Favorable Evaluation, and Acceptance of Role. Her follow-up investigation delineated further the inverse relationship between husband support and stress that is related to characteristics of the child as measured by the PSI.

Casey (1983) studied parents of a group of preschool children with a history of recurrent episodes of serous otitis media (SOM) and of a control group of 30 children selected for having relatively few problems with SOM, and found significant differences between the two groups on the subscales of Adaptability ($p < .01$) and Acceptability ($p < .01$), further supporting the discriminant validity of the PSI--not only for detecting general stress differences between the two groups but also for detecting specific areas of stress which are important to the understanding of the stress of coping with a chronically ill child.

Zakreski (1983), in her study of the relationships between Parenting Stress Index scores, marital status, full-term and pre-term births and infant development at 3 and 6 months for a sample of 54 parents, found that single mothers and mothers of premature infants earned significantly higher scores ($P < .001$) than married mothers and mothers of full-term babies. Stress scores for married mothers were significantly lower ($P < .01$) in the following three-month interval, while single mothers earned slightly higher scores after three months. When Zakreski examined the parents' marital status and term of birth in relation to the cut-off scores of the 75th or higher percentile for the high stress group and the 25th percentile or lower for the low stress group she found all of the married full-term mothers were in the low stress group and all of the single pre-term mothers were in the high stress group. The PSI's ability to classify these groups 100% correctly supports its predictive validity.

Johnson et al. (1983) in a study designed to examine personality variables relative to the task of discriminating between documented abusive parents and non-abusive/neglectful parents found the Child Domain Score of the PSI and five of the six subscales significantly discriminated between the two samples. Additionally, he found significant correlation between the PSI and the Navaro Anger Inventory, the Lineham-Parent Anger Affect Test and the total score and Physical Punishment subscale of the Caldwell and Bradley Home Observation for Measurement of the Environment (HOME) scale. Significant negative correlations were found between the Parenting Stress Index Total Score, the Parent Domain Score and Social Support in terms of both the "number" and satisfaction with social support. A particularly strong relationship (-.69) was found between the PSI, Parent Domain subscale "Social Isolation" and social support satisfaction.

Kazak (1983) utilized the PSI in a study examining family stress and social support in families of children with Spina Bifida (n=56) versus matched comparison families (n=53). She reported significantly higher scores for the Spina Bifida group on the following subscales of the PSI: Adaptability, Acceptability, Demandingness, Depression, Competence, Situational Stress. Total maternal stress was found to be significantly negatively correlated with family network size and total social support network. Total maternal stress for the combined samples was found to be positively correlated (.41) ($p < .001$) with a general measure of mental health, Langner Symptom Checklist.

Jenkins (1982) conducted a study of stress in mothers of regular (n=28) and special (n=32) (mentally retarded, emotionally disturbed, learning disabled) nursery school children. She found no significant difference between the Total Stress PSI scores of the parents in her matched sample. However, significant differences were found for the Child Domain and on certain subscales: Acceptability, Demandingness, Distractibility/Hyperactivity. When the special nursery school sample was examined more closely, all subtests of the Child Domain significantly discriminated between the groups, with the emotionally disturbed group producing the highest relative scores and the mentally retarded sample earning the lowest scores relative to the other groups. In contrast to the Lafiosca (1981) findings Jenkins reported a significant correlation between Total Stress and the Marlow-Crowne Social Desirability Scale. Closer examination indicated that this relationship occurs primarily as a function of the correlation with the Parent Domain score.

Factorial Validity

Factorial validity of the PSI was investigated by three factor analytic analyses. A sample of 534 mothers served as the subjects. The sample included mothers of clinic-referred children as well as mothers of a wide range of normal children as would be represented in a well-care clinic. The children of the mothers ranged in age from 1 month to 19 years, with a mean age of 1 year 2 months and a standard deviation of 23.2 months.

The responses of the subjects to the 47 items of the Child Domain formed the data for first analysis. The data were factor analyzed in order to assess the structure of the Child Domain. The data were subjected to a principal components analysis and the first six components were rotated using a varimax rotation criterion. The six factor solution accounted for 41% of the variance. The factor loadings are presented in part in Table 1.

The responses of the subjects to the 54 items of the Parent Domain formed the data for the second analysis. The data were subjected to a principal components analysis and the seven dimensions were rotated to simple structure according to the Varimax criterion. The seven-factor solution accounted for 44% of the variance. The factor loadings are presented in part in Table 2.

As can be seen from Tables 1 and 2, the items tend to load on factors according to the subscale to which they belong for both the Child and Parent Domains of the PSI.

The scores for each subject on the 13 subscales formed the data for the third analysis. The data were subjected to a principal components analysis and a two-factor solution obtained. The two factors accounted for 58% of the variance. The two dimensions were rotated to simple structure according to the varimax criterion. The factor loadings for the two dimensions are presented in Table 3.

The pattern of factor loadings reported in Tables 1 and 2 support the notion that each subscale is measuring a moderately distinct source of stress.

Table 1

Varimax Rotated Factor Loadings
for Items on the Child Domain

Scale	Item No.	I	II	III	IV	V	VI
Adaptability	31	(.22)			.33		
	32	.33		.34			
	33	.47					
	34	(.28)		.31	.45		
	35	.35					
	36	(.09)			.33	.33	
	37	.52					
	38	.55					
	39	.53					
	40	(.08)					
	41	(.04)					
Acceptability	21		(.12)				
	22		(.22)				
	23		.66				
	24	.41	(.25)				.50
	25		(.21)	.71			
	26		.60				
	27		(.12)				.42
Demandingness	42			.38			
	43			(.08)			
	44			.77			
	45			(.12)			
	46			(.16)			
	47			(.12)		.41	
	48			(.11)	.45	.43	
	49			(.02)	.33		
	50			(.19)	.38	.32	
Mood	16				.43		
	17				.58		
	18	.41			(.04)		.41
	19				.27		
	20				.54		
Distractibility/ Hyperactivity	1					(.19)	
	2					.52	
	3		.33	.49		(.14)	
	4		.64			(.17)	
	5					(.19)	
	6					.30	
	7					.62	
	8					.41	
	9			.31		(.11)	
Reinforces Parent	10						.35
	11						.54
	12						.54
	13				.33		.63
	14		.30				.41
	15						(.29)

Note: Loadings with absolute values less than .30 are omitted or for given subscales presented in ( ).

Table 2

Varimax Rotated Factor Loadings
for Items on the Parent Domain

Scale	Item No.	I	II	III	IV	V	VI	VII
Depression	75	(.16)			.33			
	76	(.09)						
	77	.53						
	78	(.28)						
	79	(.10)	.51					
	80	(.12)	.37	.35				
	81	.57						
	82	(.19)						
	83	.48						
Attachment	61		(.28)					
	62		.44					
	63		.68					
	64		.40					
	65		(.17)					
	66		(.22)					
	67		.34					
Restrictions of Role	68			.47				
	69			.57				
	70		.51	.45				
	71			.61				
	72			.53				
	73			.55				
	74			.37				
Sense of Competence	28				(.01)			
	29				(.21)			
	30		.49		(.24)			
	51				(.08)	.34		
	52		.43		(.27)			
	53				(.03)			
	54				(.12)			
	55				(.02)			
	56		.41		.44			
	57				.36			
	58		.33		.44			
	59				.59			
	60				.59			
Social Isolation	91		.36			.45		
	92					.50		
	93					.60		
	94					.54		
	95					(.18)		
	96					(.26)		
Relationship with Spouse	84						.74	
	85			.36			.51	
	86						.41	
	87			.46			.68	
	88			.31			(.10)	
	89						(.19)	
	90						(.11)	
Parent Health	97							.49
	98							.62
	99			.38				(.02)
	100			.32		.45		(.29)
	101							.57

Note: Loadings with absolute values less than .30 are omitted or for given subscales presented in ( ).

The factor pattern presented in Table 3 suggests even more strongly that the Child and Parent Domains are tapping two distinct traits. A more quantitative indication of the degree to which the factor structure confirms the subscale structure for each domain was obtained by calculating a coefficient of factorial similarity (Harman, 1976). This coefficient indicates the degree of agreement between the factor structure obtained and an ideal factor structure matrix of 0 and 1 factor loadings where an item on a given subscale is represented by a 1 on the corresponding factor. The coefficients of factorial similarity are presented in Table 4. As can be seen from the table, the six factors for the items of the Child Domain satisfactorily support the six subscales, and the seven factors for the items in the Parent Domain also satisfactorily support the seven-subscale structure of the Parent Domain. The coefficients of factorial similarity were .98 and .99 for the subscale scores of the Child and Parent Domains, indicating strong support for the two-factor structure of the subscale scores.

Although the factor loadings and coefficients of factorial similarity provide evidence for the distinct nature of the subscales, the traits measured by the subscales are also moderately and significantly correlated. The subscale scores, domain scores and total score intercorrelations are presented in Table 5.

Reliability

Alpha reliability coefficients were determined for each subscale, each domain, and the total score; these are presented in Table 4. The reliability coefficients were computed based on the responses of the sample of 534 mentioned above. These coefficients range in magnitude from .62 to .70 for the subscales of the Child Domain and from .55 to .80 for the subscales of the Parent Domain. The reliability coefficients for the two domains are .89 and .93. The reliability coefficient for the Total Stress Score on the PSI is .95. These coefficients are sufficiently large to indicate a high degree of internal consistency for these measures.

The stability of the PSI scales is supported by the test-retest reliabilities obtained from four different studies. Burke (1978) administered the PSI to a sample of 15 mothers visiting a well care pediatrics clinic. The PSI was readministered three weeks later. A Spearman rank-order coefficient of .817 and .706 were obtained for the Child Domain and Parent Domain, respectively, indicating a significant ($p < .01$) and strong relationship for scores across a three week interval.

For this manual, Abidin investigated the reliability of the PSI for a clinical sample of 30 mothers drawn from the same population of parents represented in the norm group (see below)--parents visiting a group pediatrics practice. The parents in his sample were mothers seen in a parenting clinic for consultation on child behavior. The PSI was readministered one to three months after the initial administration. Pearson correlations between the first and second set of scores were .63 for the Child Domain, .91 for the

Table 3

Verimax Rotated Factor Loadings for Subscales

		Subscale	I	II
		Adaptability	.63	
C	D	Acceptability	.74	
H	O	Demandingness	.70	
I	M	Mood	.76	
L	A	Distractibility/		
D	I	Hyperactivity	.52	
	N	Reinforces Parent	.60	
		Depression		.73
P	D	Attachment	.52	(.31)
A	O	Restrictions of Role		.72
R	M	Sense of Competence		.60
E	A	Social Isolation		.73
N	I	Relationship with Spouse		.65
T	N	Parent Health		.62

1. Note - Loadings with absolute values less than .50 are omitted.

2. Note - Loadings of subscales in a given domain are included in ( ) if less than .50.

Table 4

Coefficients of Factorial Similarity
Internal Reliability Coefficients (Alpha)

	Scale	Coefficient of Factor Similarity	Alpha Reliabilities	# of Items
	Adaptability	.87	.66	11
C	Acceptability	.82	.63	7
H	Demandingness	.71	.62	9
I	Mood	.88	.66	5
L	Distractibility/Hyperactivity	.86	.62	9
D	Reinforces Parent	.97	.70	6
	Depression	.84	.80	9
P	Attachment	.93	.55	7
A	Restrictions of Role	.99	.79	7
R	Sense of Competence	.79	.74	13
E	Social Isolation	.93	.73	6
N	Relationship with Spouse	.85	.70	7
T	Parent Health	.88	.66	5
	Child Domain	.99	.89	47
	Parent Domain	.98	.93	54
	Total Stress		.95	101

Table 5

PSI Subscale and Domain
Scores Intercorrelation Matrix

		CHILD DOMAIN						PARENT DOMAIN								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
CHILD	1. Adaptability	-	.47	.60	.62	.51	.33	.42	.35	.42	.45	.32	.37	.33	.81	.52
	2. Acceptability			.56	.54	.38	.54	.36	.51	.24	.41	.20	.26	.19	.73	.42
	3. Demandingness				.60	.58	.39	.47	.37	.45	.50	.28	.39	.39	.84	.55
	4. Mood					.38	.48	.35	.40	.31	.45	.23	.26	.22	.77	.43
	5. Distrac./Hyperact.						.31	.28	.26	.33	.37	.16	.31	.34	.74	.40
	6. Reinforces Parent							.36	.52	.23	.43	.25	.21	.20	.61	.42
PARENT	7. Depression								.49	.58	.70	.59	.53	.49	.49	.86
	8. Attachment									.34	.48	.32	.29	.27	.50	.58
	9. Restrictions of Role										.49	.53	.56	.51	.46	.78
	10. Sense of Competence											.48	.47	.45	.57	.81
	11. Social Isolation												.52	.51	.31	.74
	12. Rel. w/Spouse													.45	.41	.74
	13. Parent Health														.39	.68
	14. Child Domain															.61
	15. Parent Domain															

Table 6

Percentile of Child Domain, Parent Domain, and Total Stress Scores by Age of Child

Percentile	Parents of Children 1 Year of Age or Less			Parents of Children 1-2 Years of Age			Parents of Children More Than 2 Years of Age		
	Child Domain	Parent Domain	Total Stress	Child Domain	Parent Domain	Total Stress	Child Domain	Parent Domain	Total Stress
99	145	186	320	134	189	323	155	162	289
95	128	170	285	127	168	298	124	154	273
90	118	153	266	124	153	272	118	140	263
85	114	150	260	122	149	260	117	135	258
80	111	142	252	116	145	254	114	132	233
75	107	136	244	114	140	249	113	130	229
70	105	132	239	112	138	245	108	125	226
65	103	129	232	106	136	242	107	123	224
60	101	126	228	105	131	238	99	119	222
55	100	123	224	103	127	230	98	116	220
50	98	121	221	101	125	226	97	115	216
45	96	118	217	99	123	223	96	111	212
40	94	114	213	97	120	220	94	110	210
35	92	111	208	95	117	215	92	108	205
30	89	108	201	91	113	213	91	105	201
25	86	106	194	89	112	209	89	103	197
20	82	102	188	87	110	202	82	102	191
15	79	99	179	83	99	194	80	98	186
10	75	89	169	81	96	184	76	97	177
5	70	82	158	73	82	171	72	90	169
1	65	69	137	57	76	135	--	--	---
	(N = 268)			(N = 86)			(N = 41)		

Mother Domain, and .96 for the Total Stress Score, indicating good stability of scores across a one to three month interval.

Additional test-retest coefficients of reliability across a three month interval were obtained by Zakreski (1983) in a study of 54 parents and the relationship between parenting stress, marital status, and infant development. Her test-retest reliability coefficients were .77 for the Child Domain, .69 for the Mother Domain, and .88 for the Total Stress Score.

Test-retest reliability coefficients were also investigated by Hamilton (1980) in a study of the relationship of stress, coping, and support to the quality of infant-mother attachment. A sample of 37 mothers were readministered the PSI after a one-year interval. The reliability coefficients were .55 for the Child Domain, .70 for the Parent Domain, and .65 for the Total Stress Score. These significant ($p < .001$) and relatively high reliability coefficients provide strong support for the stability of the scores across these time intervals.

Normative Information

The 534 parents in the norm group were sampled in large part from those parents visiting small group pediatric clinics in central Virginia. In addition to the parents of a wide range of normal children seen in such pediatric practices, parents of children who were referred to clinics for special problems in behavior or health were also represented in the norm group.

The norm group consisted predominently of white parents; approximately 92% were white and 6% were black. A wide range of family incomes was represented; approximately one-fourth of the families had total incomes less than $10,000, and one fourth had incomes greater than $20,000. Approximately 90% of the fathers and 13% of the mothers indicated that they were employed full time. The educational level was relatively high, with approximately one-third of the mothers and fathers having graduated from a college, graduate school, or professional school. Table 6 provides a more detailed summary of some of the demographic characteristics of the norm group.

The ages of the mothers in the norm sample ranged from 18 to 61, with a mean age of 29.8 and a standard deviation of 4.8 years. The ages of the fathers ranged from 18 to 65, with a mean age of 31.6 and a standard deviation of 5.8 years.

The mean number of children living in the homes represented in the norm group was 1.9, the median was 1.6 and the standard deviation was 1.1. The children who were the focus of the Parenting Stress Index for the norm sample ranged in age from one month to 19 years of age, with a mean age of 14 months, a median age of 9 months, and a standard deviation of 23.2 months.

Percentiles, means, and standard deviations derived from the norm group for each subscale, domain, and total score are presented in the Parenting

Stress Index Profile Sheet (Table 7). Percentiles for the Child Domain, Mother Domain, and Total Stress scales are presented in Table 8 for three subgroups of the norm group: parents of children less than one year of age; parents of children between one and two years of age; and parents of children older than two years.

Table 7

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE		50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	10	17	18	21	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25	31	18.1	4.6
Mood		3	5		6		7		8			9		10			11		12	13	14	18	9.6	2.9
District./Hyper.		12	16	18	19	20	21		22		23		24	25	26		27	28	29	31	33	36	24.4	5.0
Reinforces Parent		5			6			7			8		9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE		69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression		8	12	13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20.4	5.6
Attachment		6	7	8	9		10		11			12			13		14		15	16	17	22	12.6	3.1
Restric. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19.0	5.2
Sense of Competence		15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29.2	6.3
Social Isolation		6	7	8	9		10		11			12		13		14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse		6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26	28	16.8	5.1
Parent Health		5	7	8		9			10			11			12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)				1		2	3		4	5		6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

*When two raw scores were equidistant from the percentile interval, the higher number was selected.

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Table 8

Summary Descriptive Statistics for Parenting Stress Index
Normative Sample

Variable	% of Total Sample				
Total Family Income	Less than $5000	$5,000 to $10,000	$10,000 to $15,000	$15,000 to $20,000	More than $20,000
	9	16	25	24	23
Marital Status of Mother	Married	Separated	Widowed	Divorced	Never Married
	85	1	1	13	1
Educational Level of Mother	8th Grade or Less	9th to 12th Grade	Vocational	College Graduate	Graduate School +
	14	28	21	35	2
Educational Level of Father	8th Grade or Less	9th to 12th Grade	Vocational	College Graduate	Graduate School +
	30	20	14	29	5
Employment Status of Mother	Not Employed		Part-time Employment		Full-time Employment
	56		31		13
Employment Status of Father	Not Employed		Part-time Employment		Full-time Employment
	8		2		90

N=534

PARENTING STRESS INDEX (Form 6)

Instructions for Scoring and Interpreting the PSI

1. After the client has filled out the answer sheet, separate the pages of the answer sheet.

2. Subscale Scoring: a) Each subscale is scored by adding the weights of the numbers above the answers selected; b) Record the subscale score in the margin of the answer form. Note that the subscale is clustered into two Domains.

3. Domain Scoring: The Domain score is obtained by adding all the subscale scores in a given Domain.

4. Total Score: The total score is obtained by adding the two Domain scores.

5. Interpretation:

    a) Norms - The scores obtained should be profiled on the norm sheet by circling the raw score in the row which corresponds to each scale heading. The percentile rank for each score is indicated at the top and bottom of the column in which the raw score occurs.

    b) Clinical Interpretation - The clinical interpretation of an individual profile can be facilitated by using the Clinical Interpretation Chapter of this manual. That Chapter provides the clinician with a sense of the psychological meaning of the various scores. Familiarization with this Chapter will help the user to better understand what the PSI measures.

CLINICAL INTERPRETATION

The information presented in this section of the test manual is based on: a mixture of clinical judgments, the relationship of individual items to research outcomes reported in the child development and clinical literature, and the research conducted on the PSI to date. The interpretations suggested should be viewed as working hypotheses, the validity of which will need to be established by further inquiry with any particular client.

High Total Score (Raw Score = 260+)

The Parenting Stress Index was designed to be an instrument whose primary value would be to identify parent-child systems which were under stress and at risk for the development of dysfunctional parenting behaviors or behavior problems in the child involved. Given this primary purpose, the Total Score is assumed to be of primary importance in guiding professional judgments as to whether or not professional intervention might be necessary or appropriate for a given parent-child system. Parents who earn raw scores at or above 260 should be offered referral for professional consultation.

The domain scores of Child Characteristics and Parent Characteristics*, along with the optional Life Stress Scale, are useful in helping the professional explore further the domain from which the stress appears to be emanating. While it is possible for stress to be present in equal degrees from each area, in most cases this is not the case and the Domain Scores can guide the professional to inquire into those domains in which stress appears maximal. The Subscales, in like manner, represent a further breakdown of the domain scores to assist in identifying specific sources of stress in a given domain. For example, a high score in the Child Characteristics domain might be largely associated with an elevation on any one or more of the subscales of the Child Characteristics domain.

Normal Range for Total Score (Raw Score = 180-245)

The normal range for the total score is from approximately the 15th to the 75th percentile rank. It is possible for parents to earn a total score within this span and yet earn a domain score which falls in the critical range either above or below the normal range. These parents should

*The individuals who form the norm group were all female, however, the PSI is written in such a manner as to be equally applicable to male respondents. The norms presented are based upon the responses of female parents; male parents typically earn much lower scores. The exact magnitude of this difference has not been established at this time.

also be considered as possible candidates for referral and/or professional services, particularly if there is no obvious explanation (i.e., we have found that often the Child Characteristics Domain Score will be elevated above the 75th percentile for parents of children with major physical handicaps).

The 15th to the 75th percentile rank is the normal range for all domains and subtests. The interpretation of scores within this range should be done with caution. Certainly they may help to fill in the clinical picture, but they should be viewed as hypotheses.

Extremely Low Total Score (Raw Score = below 175)

There is some evidence from both our research and clinical experience to suggest that extremely low total scores may be related to dysfunction in the mother-child system. Two different types of false negatives have been identified.

Type I False Negative - Some parents who earned extremely low scores tended to be very defensive, fearful and mildly paranoid. Often these parents reacted as if to say, "If I admit I have these problems I will fall apart and be overwhelmed." However, when the same parents were faced with a nurturant, supportive individual in a counseling relationship, they would readily admit a wide array of concerns and problems which they did not respond to on the PSI.

Type II False Negative - There appears to be a second group of parents who earn low total scores on the PSI. These are individuals with little investment in the role of parent. Typically they are minimally involved with their children. Hamilton's 1980 findings suggest that these parents often have anxiously attached children who show early signs of psychological dysfunction.

Age Related Issues

There is some suggestion that the stress scores earned by parent-child systems with younger children are higher than scores earned by systems with older children. Thus, the critical cut off score for high stress in families when the child is above 3 years of age should be 250.

I. Child Characteristics Domain Score (High Score = 122)

High scores in the Child Characteristics Domain are associated with children who display qualities which make it difficult for parents to fulfill their parenting roles. When this score is elevated in relation to the other domains the suggestion exists that certain characteristics of the child are major factors in contributing to the overall stress in the parent-child system. The implications of this conclusion are that intervention may need to focus on the behaviors of the child versus the other domains of the parent-child system.

For parents of handicapped children (including the following populations: mentally retarded, hyperactive, cerebral palsy, emotionally disturbed and the learning disabled), the Child Characteristics Domain Score is typically elevated above the Parent Characteristics Domain. The most extreme elevations are found in hyperactive children and those children who are behaviorally disordered. For these cases it is common for five of the six Child Characteristics subtests to be elevated beyond the 90th percentile. In crisis situations or dysfunctional families where the potential for child abuse is high, both Child and Parent Domain Scores will be equally elevated. Child neglect profiles often fall in the 65 to 90%ile range.

Child Characteristics Domain Subscores

1. Child Adaptability/Plasticity (High Score = 31)

High scores in this area are associated with characteristics which make the mothering task more difficult by virtue of the child's inability to adjust to changes in his or her physical or social environment. Behavioral characteristics associated with high scores in this area are:

1. Perseveration and inability to change from one task to another without emotional upset.

2. Overreactive to changes in sensory stimulation.

3. Avoidance of strangers.

4. Overreacts to changes in routines.

5. Child is difficult to calm once upset.

Parents of these children often report being extremely frustrated in their attempts to develop a relationship with their child. When the Child Reinforces Parent Scale and the Parent Attachment Scale are both elevated, then there exists a strong indication that a minimally positive relationship exists between parent and child. Some of these parents report feeling rejected by their child.

2. Acceptability of Child to Parent (High Score = 17)

High scores are produced in this area when the child possesses physical, intellectual and emotional characteristics which don't match the parents hoped-for child. In short, the child is not as attractive, intelligent or pleasant as the parent had expected or had hoped. Poor attachment and/or rejection may consciously or unconsciously be issues in the parent/child relationship.

3. Child Demandingness/Degree of Bother (High Score = 24)

High scores in this area are produced when the parent experiences the child as placing many demands upon him/her. The demands may come from diverse sources such as crying, physically hanging on the parent, frequent requests for help, or a high frequency of minor problem behaviors. This source of stress appears magnified when the parent is overly committed to being the model parent. Young parents tend to earn elevated scores. Children who are very dependent and who have failed to negotiate the developmental task of individuation often are associated with high scores in this area. Separation anxiety and lack of involvement with peers is also a frequent finding.

4. Child Mood (High Score = 13)

Children whose affective functioning shows evidence of dysfunction are associated with high scores. For the most part the picture is that of an unhappy, depressed child who frequently cries and doesn't display signs of happiness. The crying reflected in this score is different than the whining dependency reflected in the Child Demandingness/Degree of Bother score. One should look for impairment in maternal attachment to the child or parental absence and/or nonavailability due to alcoholism or drug usage.

5. Child Distractibility/Activity (High Score = 31)

High scores on this subscale appear to be associated with children who display many of the behaviors found in the Attention Deficit Disorders with Hyperactivity, DSM III 314.01. The behavioral symptoms are: overactivity, restlessness, distractibility, short attention span, doesn't seem to listen, fails to finish things they start, and difficulty sticking with homework assignments. This characteristic of the child is easily verified through behavioral observations. When behavioral observations fail to verify the principle hypothesis, then the following hypotheses should be considered:

1. Parent is lacking in the energy necessary to keep up with a normal child.

2. Older parents with a stable life pattern who are experiencing difficulty adjusting to the child.

3. The presence of unreasonable parental expectations for mature, adult-like behavior.

6. Child Reinforces Parent (High Score = 12)

The parent who earns high scores on this subscale doesn't experience their child as a source of positive reinforcement. The interactions between parent and child fail to produce good feelings by the parent about themselves. In fact, the parent may feel rejected by

the child. The absence of reinforcement from the child threatens the parent-child bond and therefore rapid intervention is called for when high scores are obtained on this subscale. Diagnostic investigation of the cause of this high score must include direct observation of parent and child in interaction. Common hypotheses are:

1. Child is defective in its response capability due to organic or neurological defect.

2. Child is depressed.

3. Parent is misinterpreting or unable to read child correctly.

4. Parent is depressed and projects negative response onto child.

II. Parent Characteristics Domain (High Score = 153)

High scores in the Parent Characteristics Domain suggest that the sources of stress and potential dysfunction of the parent-child system may be related to dimensions of the parent's functioning. While a systems oriented point of view recognizes the interactive aspect of the parent-child system, nevertheless, it is possible to analyze independently certain aspects of the parent's functioning. The subscales in this domain assist in that analysis while the Parent Characteristics Domain scores serves the function of red flaging the area for future investigation.

Young mothers and those with limited prior involvement with children tend to earn higher Parent Domain Scores. The major subtest scores which contribute to this Domain Score are Parental Depression and Sense of Competence. Thus, the overall sense of individuals who earn high Parental Domain Scores is their feeling of being overwhelmed and inadequate to the task of parenting. It is essential that any professional who works with these individuals be sensitive to their frustration and not further impair their sense of adequacy by moving too quickly to point out the problems associated with their parenting behaviors. These individuals need first of all to feel better about themselves. If at all possible the child's problems should wait while the therapist or counselor supports and reinforces the parents self-image.

1. Parent Depression, Unhappy, Guilt (High = 27)

For the most part high scores on this subscale are suggestive of the presence of significant depression in the mother. The items are related to those found on scales designed to detect the presence of clinically significant depression. There are some items on this subscale which relate to guilt and unhappy feelings which, while often associated with depression, may be responded to primarily out of

dissatisfaction with self and life circumstances and may not signal clinically significant depression. The general impact of high scores on this subscale is that the parent finds it difficult to mobilize the psychic and physical energy to fulfill parenting responsibilities. Withdrawal behaviors and the general inability to act with assertiveness and authority towards the child is a frequent behavioral concommitant.

Therapeutic interventions with the parents are suggested when this subscale is high and the Parent Characteristics Domain score is the highest among the other domain scores.

2. Parent Attachment (High Score = 16)

The presence of a high score on this subscale suggests two possible sources of dysfunction. The first problem may be that the parent doesn't feel a sense of emotional closeness to the child. This absence of emotional bonding may be reflected in a rather cold pattern of parent-child interaction. The second common source of dysfunction suggested by a high score on this subscale is the parent's real or perceived inability to accurately read and understand the child's feelings and/or needs.

3. Restrictions Imposed by Parental Role (High Score = 26)

High scores on this subscale suggest that the parents involved experience the parental role as restricting their freedom and frustrating them in their attempts to maintain their own identity. Parents in this category see themselves as being controlled and dominated by their children's demands and needs. In many cases one will detect a strong note of resentment and anger towards their child and/or spouse. Interventions with these parents are often made difficult by an anger-guilt cycle in which efforts to change the situation stimulate feelings of guilt. The therapist or parent educator must not minimize the reality of the parents situation or the real limitations which occur as a function of being a parent. This validation is necessary before these parents can be assisted in seeing their options.

4. Parents Sense of Competence (High Score = 37)

High scores may be produced by a number of factors, e.g., it is expected that young parents of an only child often will earn somewhat higher scores than multiparious parents. Parents who are lacking in practical child development knowledge or who possess a limited range of child management skills will also earn high scores. Finally, high scores will be found among parents who don't find the role of parent as reinforcing as they had expected. These parents are often overwhelmed by the feeling that "this is more than I bargained for" and "I am not sure I would have children if I had it to do over again."

The intervention which seems most helpful for these parents are parent education classes and parent discussion groups from which they can pick up tips on child management and at the same time experience the emotional support of the group.

5. Social Isolation (High Score = 18)

Parents who earn high scores in this area are under considerable stress and it is necessary to establish an intervention program as soon as possible. Often these parents are socially isolated from their peers, relatives and other emotional support systems. In many instances their relationship with their spouses is distant and lacking in support for their efforts as parents.

Child care responsibilities are often neglected and the potential for significant child neglect exists. When a parent also earns a high score on the Restrictions Imposed by Parent Role subscale the potential for child abuse is increased.

Interventions need to focus on assisting the parents in mobilizing their pride in their child and in their involvement with others. Usually it is not productive to place such an individual in a group as the first intervention. A home visitor or individual counseling approach is a more appropriate starting point.

6. Relationship with Spouse (High Score = 23)

Parents who earn high scores on this subscale are those who are lacking the emotional and active support of the other parent in the area of child management. In some instances this is related to an overly strict sex role definition on the part of the father that "child care" is women's work. In most instances, however, the most probable hypothesis is that the relationship between the mother and her child's father is not positive in general and the lack of mutual support in the child care area is one of the symptoms of a dysfunctional relationship.

Intervention should begin with a closer examination of the parents relationship to determine the direction of future interventions. Women who earn high scores may need assistance, ranging from assertiveness training to marriage counseling. Men most commonly need to be sensitized to the importance of their supportive role in relation to their spouse.

7. Parental Health (High Score = 16)

The meaning of this subscale is relatively straightforward. High scores are suggestive of deterioration in parental health which may be either the result of stress or an additional stressor in the parent-child system.

III. Life Stress (Optional Scale) (High Score = 17)

The parents who earn raw scores of 17 or above find themselves in stressful situational circumstances which are often beyond their control (e.g., death of a relative, loss of a job). The Life Stress scale provides some index of the amount of stress outside of the parent-child relationship which the parent is currently experiencing. In effect, high Life Stress Scores tend to intensify the total stress which the parent is experiencing. The need for referral for professional assistance should be considered when the Total Stress raw score is in the 240-260 range and the Life Stress raw score is at 17 or above. If the Parents Health score is above a raw score of 16, then the need for referral is further intensified, despite the fact that the Total Score may be near normal (Raw Score 180-245).

CASE #1 Normal Family

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE	205	131	157	170	179	188	195	201		214	217	221	224	228	233	239	244	250	258	2[illegible]	293	320	221.1	38.9
CHILD DOMAIN SCORE	94	50	66	73	78	82	87	89	92		97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability	28	7	15	17	19	20	21		22	23		24	25		26	27			30	31	33	38	24.5	5.7
Acceptability	10	4	6	7	8	9				11		12		13		14		15	10	17	18	21	12.5	3.6
Demandingness	19	8	10	12	13	14	15		16		17		18			20	21		22	24	25	31	18.1	4.6
Mood	7	3	5		6				8			9		10			11		12	13	14	18	9.6	2.9
District./Hyper.	22	12	16	18	19	20	21				23		24	25	26		27	28	29	31	33	36	24.4	5.0
Reinforces Parent	8	5			6			7					9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE	111	69	82	90	99	102	107	110		115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression	20	8	12	13	15	16		17	18		19			21		22	23	24	26	27	30	36	20.4	5.6
Attachment	9	6	7	8			10		11			12			13		14		15	16	17	22	12.6	3.1
Restric. of Role	21	8	11	12	13	14	15	16		17	18		19		20		22	23	24	26	29	32	19.0	5.2
Sense of Competence	23	15	18	21	22		25	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29.2	6.3
Social Isolation	11	6	7	8	9		10					12		13		14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse	16	6	8	10	11	12	13		14	15			17		18	19	20	21	22	23	26	28	16.8	5.1
Parent Health	11	5	7	8		9			10						12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)	6			1		2	3		4	5			7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

36

43

*When two raw scores were equidistant from the percentile interval, the higher number was selected.

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CASE #1 - Normal Family

When the total stress score and each of the domain scores for case #1 are examined with regard to the normal range of scores, which is from the 75th to the 10th percentile, this family would be viewed as experiencing a normal amount of stress. The profile suggests two areas of minor concern. The first being child adaptability and the second deals with the restrictions created by the role of parent.

The demographics of this family follow. This was a two-parent, white family, with a father age 27 and the mother age 26. The father is an assistant store manager, with two years of college and he earns $14,000 per year. The mother is a high school graduate and holds a part-time sales clerk position, and earns $5,000 per year. There are two children in the family, the target child being 1½ years of age and male and the other child who was a 3½ year old female. Both children possess normal intelligence and neither had any handicap or physical condition which affected their general health.

CASE #2 Crisis Profile

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE	366	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293		221.1	38.9
CHILD DOMAIN SCORE	166	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130		98.4	19.2
Adaptability	41	7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33		24.5	5.7
Acceptability	18	4	6	7	8	9		10		11		12		13		14		15	10	17		21	12.5	3.6
Demandingness	32	8	10	12	13	14	15		16		17		18		19	20	21		22	24	25		18.1	4.6
Mood	19	3	5		6		7		8			9		10			11		12	13	14		9.6	2.9
District./Hyper.	36	12	16	18	19	20	21		22		23		24	25	26		27	28	29	31	33		24.4	5.0
Reinforces Parent	20	5			6			7			8		9		10			11		12	15		9.3	2.9
PARENT DOMAIN SCORE	200	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168		122.7	24.6
Depression	37	8	12	13	15	16		17	18		19	20		21		22	23	24	26	27	30		20.4	5.6
Attachment	14	6	7	8	9		10		11			12			13				15	16	17	22	12.6	3.1
Restric. of Role	34	8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29		19.0	5.2
Sense of Competence	46	15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	35	37	40		29.2	6.3
Social Isolation	23	6	7	8	9		10		11			12		13		14	15	16	17	18	20		12.8	3.8
Relat. Spouse	28	6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26		16.8	5.1
Parent Health	18	5	7	8		9			10			11			12		13	14	15	16		21	11.9	3.3
LIFE STRESS (Optional Scale)	21			1		2	3		4	5		6	7	8	9	10	11	12	14	17		27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		
		Percentile Ranks*																						

46

*When two raw scores were equidistant from the percentile interval, the higher number was selected.

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CASE #2 - Crisis Profile

Christy and her mother were referred to the Parenting Clinic of a group pediatric practice after being identified by the Parenting Stress Index as being a high stress case. The pediatrician who presented the results of the PSI and who made the offer of referral to the Parenting Clinic for consultation sent the parent down the hall with the following note: "This is a new family for our practice. I don't know the mother or child, she seems very anxious and uptight. See what you can do." While the practitioner made the referral based on the scores of the PSI, he subsequently reported that in most similar cases in the past he probably would not have made a referral for psychological assistance.

Family Background: Christy's mother was a white female, age 21, who had recently moved to a new city following her marriage to her new husband. Mrs. X was a high school drop-out who became pregnant during her junior year in high school and who married Christy's father after finding out that she was pregnant. That marriage lasted 15 months. Mrs. X then lived with her mother, who provided most of the parenting to Christy. Christy was left with the grandmother during the first three months of the new marriage. For the two month period prior to the initial visit to the pediatrician, Mrs. X had been providing for Christy.

Mrs. X presented herself in the initial consultation session as a very anxious and hyperemotional individual. She quickly began crying, stating that she cannot manage Christy and that Christy is completely dominating their relationship.

Mrs. X went on to describe feeling that the child was destroying her marriage. Throughout her description of her present circumstances Mrs. X continued to cry. During the week immediately prior to this visit matters had become progressively worse with Christy refusing to eat and demanding to be by her mother's side at all times. Christy's sleeping pattern had become disorganized such that she went to bed late (11:30 p.m.) and would awaken two or three times during the night. When corrected for repeated minor problems Christy became hysterical and frequently would vomit. Mrs. X reports loosing control of her temper and screaming at Christy in a rage. During the past week there had been at least four major episodes in which Mrs. X reports loosing control of her temper and slapping at the child in an out-of-control fashion. In one of these instances she reports she was banging the child's head against the floor.

Clearly, the profile obtained suggests that Mrs. X is under considerable stress and that there exists a high potential for child abuse. The one positive feature of the profile was the parental attachment subtest which indicates a reasonably good prognosis since the mother remains strongly attached to caring for the child.

CASE #3 Separation Anxiety

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE	243	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	■	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE	122	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	■	130	145	98.4	19.2
Adaptability	34	7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	■	38	24.5	5.7
Acceptability	13	4	6	7	8	9		10		11		12		■		14		15	10	17	18	21	12.5	3.6
Demandingness	24	8	10	12	13	14	15		16		17		18		19	20	21		22	■	25	31	18.1	4.6
Mocd	11	3	5		6		7		8			9		10			■		12	13	14	18	9.6	2.9
District./Hyper.	25	12	16	18	19	20	21		22		23		24	■	26		27	28	29	31	33	36	24.4	5.0
Reinforces Parent	15	5			6			7			8		9		10			11		12	■	18	9.3	2.9
PARENT DOMAIN SCORE	121	69	82	90	99	102	107	110	112	115	118	■	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression	18	8	12	13	15	16		17	■		19	20		21		22	23	24	26	27	30	36	20.4	5.6
Attachment	12	6	7	8	9		10		11			■			13		14		15	16	17	22	12.6	3.1
Restric. of Role	19	8	11	12	13	14	15	16		17	18		■		20	21	22	23	24	26	29	32	19.0	5.2
Sense of Competence	35	15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	■	37	40	45	29.2	6.3
Social Isolation	11	6	7	8	9		10		■			12		13		14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse	13	6	8	10	11	12	■		14	15		16	17		18	19	20	21	22	23	26	28	16.8	5.1
Parent Health	13	5	7	8		9			10			11			12		■	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)	11			1		2	3		4	5		6	7	8	9	10	■	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

*When two raw scores were equidistant from the percentile interval, the higher number was selected.

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CASE #3 - Separation Anxiety

The target child in this case was Danny, age 3, who had one sibling, a male child age 2. Danny's parents were both 34 years of age with the father employed and both parents having attended community colleges. The family's income was approximately $25,000 per year.

Danny's mother, Mary, reported that the problem of Danny's separating from her began approximately nine months earlier but that in the early stages the issue would only come up from time to time and that most recently it had become rather intense. She reports greater concern about his intensifying shyness and increased clinging on the mother. When in social situations Danny would avoid other children and is reported by neighbor's and others to behave best when his mother was not around. During the week immediately prior to the completion of the PSI by the mother she had considered seeking professional consultation. Danny's clinging behaviors during that period had become not only extreme but were accompanied by expressions of fear and crying.

Both of Danny's parents were present at the initial consultation. They presented themselves in a very positive manner and described their child-rearing practices in ways which seemed reasonable and appropriate to the management of a two and a three year old.

While the total score of the PSI was in the borderline range, the extreme elevation of a few of the scales in the Child Domain and the Parent Domain suggested that professional assistance might be appropriate. (See the profile for Case #3.) The highest elevation was found in the Child Adaptability-Flexibility subtest, suggesting that this child does not tolerate changes readily and that there may be some problems in the relationship between mother and child. This hypothesis was reinforced by the elevation of the Child Demandingness and the Child Reinforces Parent subscales which suggests that the mother does not find Danny personally reinforcing and is burdened by his demanding attention and clinging. The Parent Domain scores indicated that the mother was stressed due to her inability to manage Danny and her sense of competence in relation to the parenting role was impaired. The presence of the mothers own physical health problems also add to the stress. For the most part, however, the subtest elevations would suggest that the mother was free from any significant mental health problems. The Life Stress score suggested significant stresses associated with life events and the absence of a support system for the mother.

The overall sense of this profile is that here is a family in which there exists a child who by temperament may be somewhat anxious and inflexible. Thereby creasing problems for the mother in managing the child's behavior. This interaction, to a degree, has impaired the mother's sense of competence and threatens the long range relationship since the mother doesn't feel reinforced by Danny. At the present time her sense of competence as a parent is impaired and she is probably ready for assistance.

The analysis conducted above was in general provided to Danny's mother in the context of a professional consultation. The professional task of intervening focused therefore on helping the mother develop realistic self-expectations, providing her with support with regard to her actions toward Danny, and providing her with a specific set of directions regarding the management of the separation problem. The specific treatment plan was to help the mother conceptualize the separation anxiety situation as a phobic type problem. The parents were to use role play and to walk through a desensitization plan of repeated separations with Danny. Both parents were put through practice sessions of playing the "game of separation." The parents were instructed to at least twice per day prior to any real separation with the child to go through the "separation game." The separation game consisted of an explanation to the child of how the game was to be played, a description of the steps which would list the mother's behavior, the father's behavior, and the child's behavior would be. The child was also informed that he would obtain special treats upon successful completion of his role. One key element was that at the point of separation (when, the mother goes to leave the front door of the house) the child at this point was to kiss mom goodbye and say "See you later," and then go to another room of the house where he would be able to obtain his special treat.

CASE #4 Permissive Parent

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name Mrs. P. Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																					N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE	285	131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE	128	50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability	30	7	15	17	19	20	21		22	23		24	25		26	27		28		31	33	38	24.5	5.7
Acceptability	13	4	6	7	8	9		10		11		12				14		15	10	17	18	21	12.5	3.6
Demandingness	32	8	10	12	13	14	15		16		17		18		19	20	21		22	24	25		18.1	4.6
Mood	12	3	5		6		7		8			9		10			11			13	14	18	9.6	2.9
District./Hyper.	29	12	16	18	19	20	21		22		23		24	25	26		27	28		31	33	36	24.4	5.0
Reinforces Parent	12	5			6			7			8		9		10			11			15	18	9.3	2.9
PARENT DOMAIN SCORE	157	69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression	30	8	12	13	15	16		17	18		19	20		21		22	23	24	26	27		36	20.4	5.6
Attachment	12	6	7	8	9		10		11						13		14		15	16	17	22	12.6	3.1
Restric. of Role	32	8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29		19.0	5.2
Sense of Competence	40	15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	35	37		45	29.2	6.3
Social Isolation	14	6	7	8	9		10		11			12		13			15	16	17	18	20	22	12.8	3.8
Relat. Spouse	18	6	8	10	11	12	13		14	15		16	17			19	20	21	22	23	26	28	16.8	5.1
Parent Health	11	5	7	8		9			10						12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)	5			1		2	3		4			6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

*When two raw scores were equidistant from the percentile interval, the higher number was selected.

43 PERMISSIVE PARENT

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CASE #4 - Permissive Parent

Mrs. P., age 23, was a very verbal and intelligent college graduate who at age 25 married an equally verbal and bright man, age 32, who holds a masters in business administration.

This couple have one child, John, age 3½, who was reported to be both the "joy and bane" of their existence. Mrs. P. was an only child born to an older set of parents and she reported very limited contact with children prior to having her own child. Mrs. P. worked full-time until John was born and has for the past 18 months worked half-time.

Given her Total Score of 285, 90+ percentile rank, consultation with a child psychologist was recommended. Mrs. P's reaction was "Thank goodness. I need help, I can't get John to do anything." A quick glance at the PSI indicated that while Mrs. P. was under considerable stress there were many strong indicators of a positive prognosis. The Child Acceptability score, the Parent Attachment score and her health and relationship with her spouse were within normal limits. Further, Mrs. P. was not experiencing significant stress from life events outside of the parent-child relationship.

Examination of the peak scores in the Child Domain suggested that Mrs. P. experienced John as demanding and troublesome and he didn't meet her expectations or provide her with much reinforcement. Her description of his behavior indicated that he was very demanding and would cry if he didn't get what he wanted. Subsequent observation of the mother-child interactions indicated that John was a tyrant and Mrs. P. was unable to set firm limits. John's tears and complaining stimulated Mrs. P's feelings of guilt. She had for some time harbored the feeling that a good parent would not have these problems, but she felt unable to do anything about John's temper tantrums and demands. Mrs. P's style of interaction was to discuss things with John, so they had long talks--the nature of which appeared more appropriate for a teenager.

The peak scores of the Parent Domain indicated that Mrs. P. found her role as parent confining and that she felt unable to competently cope with John. The high score on the Depression scale seemed to reflect her reduced self-esteem due to her "failure" in being able to be a "good" mother. Mrs. P. used as an example of her not being a "good" parent, her recent preoccupation with the idea of giving John a spanking. Mrs. P. is philosophically opposed to spanking and saw spanking her child as the ultimate symbol of failure.

The PSI's identification of Mrs. P. as a parent in need of help is a clear example of its utility. It illustrates the fact that many reasonably well-adjusted and competent individuals can experience problems in the role of parent. Mrs. P. and her husband were seen for joint parent consultation for eight consecutive weeks and monthly for another six months. During this time, through a combination of directed readings,

discussions with other parents, the use of a behavioral program for the temper tantrums, and psychological consultation, Mr. and Mrs. P. were able to establish a more constructive parenting relationship with John.

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE		50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	10	17	18	21	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25		18.1	4.6
Mood		3	5		6		7		8			9		10			11		12	13	14	18	9.6	2.9
District./Hyper.		12	16	18	19	20	21		22		23		24	25	26		27	28		31	33	36	24.4	5.0
Reinforces Parent		5			6			7			8		9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE		69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression		8	12	13	15	16		17	18		19	20		21		22		24	26	27	30	36	20.4	5.6
Attachment		6	7	8	9		10		11						13		14		15	16	17	22	12.6	3.1
Restric. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22				29	32	19.0	5.2
Sense of Competence		15	18	21	22	23	25	25	26	27	28					31	32	33	34	35	37	40	45	29.2	6.3
Social Isolation		6	7	8	9		10		11			12		13		14	15	16				20	22	12.8	3.8
Relat. Spouse		6	8	10	11	12	13		14	15		16	17		18	19			21	22	23	26	28	16.8	5.1
Parent Health		5	7	8		9			10			11			12		13	14		16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)					1		2	3		4	5		6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

CEREBRAL PALSY
(N=40)

	$\bar{x}$	SD
Total Score	281	27.3
Age	5.0	2.1

57

58

46

CEREBRAL PALSY

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Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE		50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	10	17	18	21	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25	31	18.1	4.6
Mocd		3	5		6		7		8			9		10			11		12	13	14	18	9.6	2.9
District./Hyper.		12	16	18	19	20	21		22		23		24	25	26		27		29	31	33	36	24.4	5.0
Reinforces Parent		5			6			7			8		9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE		69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	166	188	122.7	24.6
Depression		8	12	13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20.4	5.6
Attachment		6	7	8	9		10		11			12			13		14		15	16	17	22	12.6	3.1
Restric. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19.0	5.2
Sense of Competence		15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29.2	6.3
Social Isolation		6	7	8	9		10		11			12		13		14	15	16	17	18	20	22	12.8	3.9
Relat. Spouse		6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26	28	16.8	5.1
Parent Health		5	7	8		9			10			11			12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)				1		2	3		4	5		6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

CHILD ABUSE
(N=30)

	$\bar{x}$	SD
Total Score	315	58.9
Age	7.1	3.5

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CHILD ABUSE

*Abidin 1983

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE		50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	10	17	18	21	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25	31	18.1	4.6
Mood		3	5		6		7		8			9		10			11		12	13	14	18	9.6	2.9
District./Hyper		12	16	18	19	20	21		22		23		24	25	26		27	28	29	31	33	36	24.4	5.0
Reinforces Parent		5			6			7			8		9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE		69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression		8	12	13	15	16		17	18		19	20		21		22	23	24	26	27	30	36	20.4	5.6
Attachment		6	7	8	9		10		11			12			13		14		15	16	17	22	12.6	3.1
Restric. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19.0	5.2
Sense of Competence		15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29.2	6.3
Social Isolation		6	7	8	9		10		11			12		13		14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse		6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26	28	16.8	5.1
Parent Health		5	7	8		9			10			11			12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)				1		2	3		4	5		6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

48 HYPERACTIVE

61

HYPERACTIVE
(N=60)

	$\bar{x}$	SD
Total Score	274	38.1
Age	8.7	2.0

62

•Abidin 1983

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	23	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE		50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	98.4	19.2
Adaptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	10	17		21	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25	31	18.1	4.6
Mood		3	5		6		7		8			9		10			11		12	13	14	18	9.6	2.9
District./Hyper.		12	16	18	19	20	21		22		23		24	25	26		27		29	31	33	36	24.4	5.0
Reinforces Parent		5			6			7			8		9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE		69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression		8	12	13	15	16		17	18		19	20				22	23	24	26	27	30	36	20.4	5.6
Attachment		6	7	8	9		10					12			13		14		15	16	17	22	12.6	3.1
Restric. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19.0	5.2
Sense of Competence		15	18	21	22	23	25	25	26	27	28		29	30	31	32		34	35	37	40	45	29.2	6.3
Social Isolation		6	7	8	9		10		11			12				14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse		6	8	10	11	12	13		14	15		16	17			19	20	21	22	23	26	28	16.8	5.1
Parent Health		5	7	8		9			10			11			12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)				1		2	3		4	5		6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		
		Percentile Ranks*																						

DEVELOPMENTALLY DELAYED

49

DEVELOPMENTALLY DELAYED
(N=30)

	$\bar{X}$	SD
Total Score	240	34.3
Age	5.9	2.3

*Abidin 1983

Parenting Stress Index

Profile Sheet and Norms—Form 6

R. R. Abidin—University of Virginia

Parents Name _____ Parents Sex _____ Parents Date of Birth _____

Childs Name _____ Childs Sex _____ Childs Date of Birth _____ Date _____

	Raw Score	Percentile Ranks*																				N = 600	
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+	x	S.D.
TOTAL STRESS SCORE		131	157	170	179	188	195	201	208	214	217	221	224	228	233	239	244	250	258	267	293	320	221.1	38.9
CHILD DOMAIN SCORE		50	66	73	78	82	87	89	92	95	97	99	100	102	105	107	110	114	116	122	130	145	96.4	19.2
Adaptability		7	15	17	19	20	21		22	23		24	25		26	27		28	30	31	33	38	24.5	5.7
Acceptability		4	6	7	8	9		10		11		12		13		14		15	10	17	18	21	12.5	3.6
Demandingness		8	10	12	13	14	15		16		17		18		19	20	21		22	24	25	31	18.1	4.6
Mood		3	5		6		7		8			9					11		12	13	14	18	9.6	2.9
District./Hyper.		12	16	18	19	20	21		22		23		24	25	26		27	28	29	31	33	36	24.4	5.0
Reinforces Parent		5			6			7			8		9		10			11		12	15	18	9.3	2.9
PARENT DOMAIN SCORE		69	82	90	99	102	107	110	112	115	118	121	123	126	129	132	137	141	148	153	168	188	122.7	24.6
Depression		8	12	13	15	16		17	18		19	20				22	23	24	26	27	30	36	20.4	5.6
Attachment		6	7	8	9		10		11			12			13		14		15	16	17	22	12.6	3.1
Restric. of Role		8	11	12	13	14	15	16		17	18		19		20	21	22	23	24	26	29	32	19.0	5.2
Sense of Competence		15	18	21	22	23	25	25	26	27	28		29	30	31	32	33	34	35	37	40	45	29.2	6.3
Social Isolation		6	7	8	9		10		11			12		13		14	15	16	17	18	20	22	12.8	3.8
Relat. Spouse		6	8	10	11	12	13		14	15		16	17		18	19	20	21	22	23	26	28	16.8	5.1
Parent Health		5	7	8		9			10			11			12		13	14	15	16	18	21	11.9	3.3
LIFE STRESS (Optional Scale)				1		2	3		4	5		6	7	8	9	10	11	12	14	17	20	27	7.9	6.6
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99+		

Percentile Ranks*

NORMAL NURSERY SCHOOL
(N=80) (25% Black)

	X	SD
Total Score	226	21.5
Age	4.1 yr	.9 yr
Family Income	28,000	5,435

NORMAL NURSERY SCHOOL 50

65

66

*Abidin 1983

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PARENTING STRESS INDEX

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PARENTING STRESS INDEX (PSI)

Administration Booklet

Richard R. Abidin
Institute of Clinical Psychology
University of Virginia

Directions:

In answering the following questions, please think about the child you are most concerned about.

The questions on the following pages ask you to mark an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.**

Please mark the degree to which you agree or disagree with the following statements by filling in the number which best matches how you feel. If you are not sure, please fill in #3.

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

Example: 1 (2) 3 4 5 I enjoy going to the movies. (If you sometimes enjoy going to the movies, you would fill in #2.)

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Form 6 – [illegible]ghted 1983
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1. When my child wants something, my child usually keeps trying to get it.
2. My child is so active that it exhausts me.
3. My child appears disorganized and is easily distracted.
4. Compared to most, my child has more difficulty concentrating and paying attention.
5. My child will often stay occupied with a toy for more than 10 minutes.
6. My child wanders away much more than I expected.
7. My child is much more active than I expected.
8. My child squirms and kicks a great deal when being dressed or bathed.
9. My child can be easily distracted from wanting something.
10. My child rarely does things for me that make me feel good.
11. Most times I feel that my child likes me and wants to be close to me.
12. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
13. My child smiles at me much less than I expected.
14. When I do things for my child I get the feeling that my efforts are not appreciated very much.
15. Which statement best describes your child?
    1. almost always likes to play with me,
    2. sometimes likes to play with me,
    4. usually doesn't like to play with me,
    5. almost never likes to play with me.
16. My child cries and fusses:
    1. much less than I had expected,
    2. less than I expected,
    3. about as much as I expected,
    4. much more than I expected,
    5. it seems almost constant.
17. My child seems to cry or fuss more often than most children.
18. When playing, my child doesn't often giggle or laugh.
19. My child generally wakes up in a bad mood.
20. I feel that my child is very moody and easily upset.
21. My child looks a little different than I expected and it bothers me at times.
22. In some areas my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.

23. My child doesn't seem to learn as quickly as most children.

24. My child doesn't seem to smile as much as most children.

25. My child does a few things which bother me a great deal.

26. My child is not able to do as much as I expected.

27. My child does not like to be cuddled or touched very much.

28. When my child came home from the hospital, I had doubtful feelings about my ability to handle being a parent.

29. Being a parent is harder than I thought it would be.

30. I feel capable and on top of things when I am caring for my child.

31. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house.

32. My child reacts very strongly when something happens that my child doesn't like.

33. Leaving my child with a babysitter is usually a problem.

34. My child gets upset easily over the smallest thing.

35. My child easily notices and overreacts to loud sounds and bright lights.

36. My child's sleeping or eating schedule was much harder to establish than I expected.

37. My child usually avoids a new toy for a while before beginning to play with it.

38. It takes a long time and it is very hard for my child to get used to new things.

39. My child doesn't seem comfortable when meeting strangers.

40. When upset, my child is:
    1. easy to calm down,
    2. harder to calm down than I expected,
    4. very difficult to calm down,
    5. nothing I do helps to calm my child.

41. I have found that getting my child to do something or stop doing something is:
    1. much harder than I expected,
    2. somewhat harder than I expected,
    3. about as hard as I expected,
    4. somewhat easier than I expected,
    5. much easier than I expected.

42. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please fill in the number which includes the number of things you counted.
    1. 1-3
    2. 4-5
    3. 6-7
    4. 8-9
    5. 10+

43. When my child cries it usually lasts:
    1. less than 2 minutes,
    2. 2-5 minutes,
    3. 5-10 minutes,
    4. 10-15 minutes,
    5. more than 15 minutes.

44. There are some things my child does that really bother me a lot.

45. My child has had more health problems than I expected.

46. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.

47. My child turned out to be more of a problem than I had expected.

48. My child seems to be much harder to care for than most.

49. My child is always hanging on me.

50. My child makes more demands on me than most children.

51. I can't make decisions without help.

52. I have had many more problems raising children than I expected.

53. I enjoy being a parent.

54. I feel that I am successful most of the time when I try to get my child to do or not do something.

55. Since I brought my last child home from the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.

56. I often have the feeling that I cannot handle things very well.

57. When I think about myself as a parent I believe:
    1. I can handle anything that happens,
    2. I can handle most things pretty well,
    3. sometimes I have doubts, but find that I handle most things without any problems,
    4. I have some doubts about being able to handle things,
    5. I don't think I handle things very well at all.

58. I feel that I am:

1. a very good parent,
2. a better than average parent,
3. an average parent,
4. a person who has some trouble being a parent,
5. not very good at being a parent.

59. What were the highest levels in school or college you and the child's father/mother have completed?
Mother:

1. 1-8th grade
2. 9-12th grade
3. Vocational or some college
4. College graduate
5. Graduate or professional school

60. Father:

1. 1-8th grade
2. 9-12th grade
3. Vocational or some college
4. College graduate
5. Graduate or professional school

61. How easy is it for you to understand what your child wants or needs?

1. very easy,
2. easy,
3. somewhat difficult,
4. it is very hard,
5. I usually can't figure out what the problem is.

62. It takes a long time for parents to develop close, warm feelings for their children.

63. I expected to have closer and warmer feelings for my child than I do and this bothers me.

64. Sometimes my child does things that bother me just to be mean.

65. When I was young, I never felt comfortable holding or taking care of children.

66. My child knows I am his or her parent and wants me more than other people.

67. The number of children that I have now is too many.

68. Most of my life is spent doing things for my child.

69. I find myself giving up more of my life to meet my children's needs than I ever expected.

70. I feel trapped by my responsibilities as a parent.

71. I often feel that my child's needs control my life.

72. Since having this child I have been unable to do new and different things.

73. Since having a child I feel that I am almost never able to do things that I like to do.

74. It is hard to find a place in our home where I can go to be by myself.

75. When I think about the kind of parent I am, I often feel guilty or bad about myself.

76. I am unhappy with the last purchase of clothing I made for myself.

77. When my child misbehaves or fusses too much I feel responsible, as if I didn't do something right.

78. I feel everytime my child does something wrong it is really my fault.

79. I often feel guilty about the way I feel towards my child.

80. There are quite a few things that bother me about my life.

81. I felt sadder and more depressed than I expected after leaving the hospital with my baby.

82. I wind up feeling guilty when I get angry at my child and this bothers me.

83. After my child had been home from the hospital for about a month, I noticed that I was feeling more sad and depressed than I had expected.

84. Since having my child, my spouse (male/female friend) has not given me as much help and support as I expected.

85. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).

86. Since having a child my spouse (or male/female friend) and I don't do as many things together.

87. Since having my child, my spouse (or male/female friend) and I don't spend as much time together as a family as I had expected.

88. Since having my last child, I have had less interest in sex.

89. Having a child seems to have increased the number of problems we have with in-laws and relatives.

90. Having children has been much more expensive than I had expected.

91. I feel alone and without friends.

92. When I go to a party I usually expect not to enjoy myself.

93. I am not as interested in people as I used to be.

94. I often have the feeling that other people my own age don't particularly like my company.

95. When I run into a problem taking care of my children I have a lot of people to whom I can talk to get help or advice.

96. Since having children I have a lot fewer chances to see my friends and to make new friends.

97. During the past six months I have been sicker than usual or have had more aches and pains than I normally do.

98. Physically, I feel good most of the time.

99. Having a child has caused changes in the way I sleep.

100. I don't enjoy things as I used to.

101. Since I've had my child:

1. I have been sick a great deal,
2. I haven't felt as good,
4. I haven't noticed any change in my health,
5. I have been healthier.

STOP HERE — unless asked to do items below

During the last 12 months, have any of the following events occurred in your immediate family? Please check on the answer sheet any that have happened.

102. Divorce

103. Marital reconciliation

104. Marriage

105. Separation

106. Pregnancy

107. Other relative moved into household

108. Income increased substantially (20% or more)

109. Went deeply into debt

110. Moved to new location

111. Promotion at work

112. Income decreased substantially

113. Alcohol or drug problem

114. Death of close family friend

115. Began new job

116. Entered new school

117. Trouble with superiors at work

118. Trouble with teachers at school

119. Legal problems

120. Death of immediate family member

Parenting Stress Index: Research Update

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The rapidly growing interest in preventive measures in the field of mental health reflects an increasing awareness on the part of professionals and society that dealing with the outcome of disordered development is an expensive and difficult undertaking (Joint Commission on Mental Health of Children, 1970; Berkman, 1979; Peterson, Hartmann, and Gelfand, 1980). The importance of early identification of groups at risk and subsequent preventive intervention is reflected in the priorities and programs established by the Congress such as Medicaid and Title XIX. The American Othopsychiatric Association, in a special issue of its journal (AJO, 1978), has noted the emphasis of most preventative programs on the cognitive and intellectual domain and the relative lack of emphasis in the area of social and emotional development. Further, the at-risk populations which are most frequently the subject of prevention programs represent the numerical minority of the total population and the minority of the mental health problems of the United States. Prevention and early intervention efforts are rarely focused on the top 85% of the socio-economic continuum despite the fact that incident rates of mental problems suggest that the top 85% probably accounts in absolute terms for 75% of the mental health problems of the nation as reported by the National Center for Health Statistics (1976) (Syme and Berkman, 1976).

The present paper reports on the development of the Parenting Stress Index (PSI) and on research establishing its validity since it was last presented at APA in 1979. The PSI is a clinical and research self-report instrument (101 items) designed to identify parent and child systems which are under stress, and in which deviant development of the child is likely to take place, or where dysfunctional parenting is likely to occur. The PSI yields a total score, three domain scores and 15 subscales. The domains measured are stresses related to: Child Characteristics; Parental Characteristics; Situation and Demographic factors.

The initial construction and statistical characteristics of the PSI are described in detail by Burke (1978 a&b). The items used in the older version and in the current form of the PSI were developed after an extensive review of the clinical and research literature in the areas of stress measurement, child development, psychopathology, child-rearing, and personality measurement. This approach resulted in over 95% of the items being directly related to specific research findings suggesting that a given variable was related to stress in the parent-child system (e.g., the Child Distractibility Hyperactivity scale incorporates items related to child temperament and parental response to the child's activity level). The PSI was normed on a sample of 534 mothers of children

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between the ages of 1 month and 10 years, with 60% of the sample coming from below 3 years of age.

The information focused on in this paper deals with the recently completed revision of the Parenting Stress Index. Reliability, factor structure and other statistical characteristics are briefly described. The data obtained clearly indicates good internal consistency with alpha values ranging from .6 to .9 for the subtest and domain scores. Likewise, the test-retest reliability values are strong, ranging from .7 to .9 for a three to four week interval, and .5 to .85 for a one year interval. The factor analysis conducted on the sample supports a three factor structure for the total PSI, which matches the three domains. A factor analysis of each domain produced the following results: all six subscales in the Child Domain were sustained; one of the seven Parent Domain subscales failed to emerge; the Situational/Demographic subscales needed to be completely restructured with a number of items deleted.

The new format of the PSI permits easier hand scoring which facilitates its use as a screening device in settings such as a pediatric practice. The simplification of item format, along with the reduced length of the instrument, permits the instrument to be completed by any parent with a fifth grade reading level in 25 minutes or less.

The validity of the PSI is in the process of being established at 23 universities and medical centers in the United States and Canada. Since September of 1979, 19 research projects involving the PSI have been completed. (A complete list of references and names and addresses of researchers involved with the PSI is attached.)

Validity Studies

Zimmerman (1979), in a study of discriminative validity, found that 10 of the 20 scores on the PSI were significantly different between a group of mother-child systems in which the child had cerebral palsy (non-ambulatory; N=20) versus a matched control group of children (N=30) with no known psychological or physical differences. The pattern of differences was also meaningful, since nearly all of the differences were found in the Child Characteristics Domain as one would expect in such a comparison. The only Parent Characteristics Domain scores which were significant were those which were directly related to the child's problems (e.g., Social Isolation).

Greenberg (1983), in a study involving parents of mentally retarded children, reported that the PSI discriminated between her clinical sample and the normative population. Further, her results replicated the study of Zimmerman (1979) in which a pattern of stressors emanating from the Child Characteristics Domain were identified for a sample of physically handicapped children. This pattern suggests that the PSI is not merely sensitive to the overall level of stress but to the specific sources of the stressors which in these studies were the child's deviant characteristics.

Saviano (1981), in a study involving children with severe developmental delay and feeding problems, found, as had Greenberg (1983) and Zimmerman (1979),

that this population experiences significantly more stress than parents of normal children. The stressors associated with parenting for these parents are primarily related to the child's characteristics, i.e., hyperactivity/distractibility, mood, demandingness, etc.,. Two exceptions are that these parents felt reinforced by their child and yet they had significant doubts about their ability to competently handle their child.

In 1981 Lafiosca completed a study in which she compared parents of a matched sample of normal children with an unselected group of parents who brought their child to a child development clinic for evaluation (N=70). The disciminative validity of the PSI was supported when she found that the PSI was able to correctly identify 100% of the parents of the normal children and 60% of the parents of the children seen at the clinic when the ninetieth percentile of the PSI total score was used as a cutoff. Further, significant mean differences were found for the total score, for the three domain scores and eleven of the 15 subscales. Evidence of the concurrent validity was found in the significant correlations (.001) between the Child Characteristics domain of the PSI and the Child Behavior Problem Checklist (Quay and Peterson, 1979) when the Child Behavior Problem Checklist was completed by either the childs' mother or the childs' teachers. Evidence of the PSI's concurrent validity was established when the Parent Domain Score was found to be significantly correlated with the State-Trait Anxiety Scale (Spielberger, 1970). In fact, the magnitude of the correlation (.68) was essentially the same as was found between the two parts of the state-trait anxiety instrument (.72). The PSI's correlation with the Marlowe-Crowne social desirability scale (Crowne and Marlowe, 1964) was found to be relatively low, with a coefficient of .12 being reported in relation to the clinical sample and .33 for the total sample which suggests that when parent's complete the PSI they do so in a non-defensive manner.

Hamilton (1980), in a follow-up of 37 mother-infant pairs from the Green (1980) study, found the Parenting Stress Index not to be effective in itself in discriminating between infants showing secure versus anxious attachment as defined by Ainsworth (1978). However, when the results of the PSI were combined with the California Test of Personality (Gough, 1975) and a discriminate analysis conducted, she found it possible to correctly classify 75% of the mothers in terms of their infants' attachment by using the two instruments. Hamilton's data indicates that the low stress of mothers of anxiously attached infants are characterized by self-assurance, self-expressiveness, dominance, and independence in interpersonal relationships. Clinically, these mothers appeared detached from their infants in the same manner that they appear detached from the expectations of the social norm for sensitivity to others in interpersonal situations. It appears that with regard to attachment, the PSI by itself may only be effective in identifying that segment of anxiously attached infants whose mothers are under high stress. These findings seem to suggest that there may be an optimum level of parenting stess and that parenting stress is a phenomenon which, to a degree, is dependent upon a significant investment in the child.

The following two studies support the concurrent validity of the PSI when used as a pre-post measure. Lafferty (1980) reported on the use of the PSI as

a pre- post measure of change in two groups of parents who were seen for parent training at the Beechgrove Regional Children's Center in Ontario, Canada. He found that significant shifts downward in parenting stress were measured for the total score, the Child, and the Parent Domains as a result of the parent education program provided. Plough (1980), in a study dealing with the effectiveness of brief parent consultation (1-8 sessions) in a pediatric practice for mothers of young children, ages 0 to 10 years, who reported experiencing difficulty in childcare, found a significant downward shift in the Total Score of the PSI following consultation. The results of the Plough and Lafferty studies suggests that the PSI is sensitive to reductions in stress level as a result of psychological intervention and therefore may be a valid measure of intervention effectiveness.

Abidin (1982), in a study of parenting stress and the utilization of pediatric services in children ages 6 to 48 months, found that health care services were more often sought for the treatment of injuries and accidents to children of high and low stress mothers than moderate stress mothers, while no differences were noted for other types of medical problems (e.g., infections). Abidin's study seems to make sense in light of the findings of Ainsworth (1978), and Hamilton (1980), in which attributes of the child's attachment to the mother and the mother's vigilence in relation to the child were found to be associated. Low stress (detached) mothers and high stress (disorganized) mothers seemed unable to provide the attention and interactions needed for adequate child care which is likely to lead to fewer injuries and accidents among their children.

Awalt (1981), in her study of the transition to parenthood, employed the PSI with both mothers and fathers and provided additional support for the PSI's concurrent validity. She reports that marital satisfaction is significantly ($P < .01$) related to parenting stress after childbirth as measured by the PSI. For women the simple value of the hierarchial regression analysis was -.58, while for men it was -.44. In contrast, the Infant Temperament Questionnaire (Carey and McDevitt, 1978) failed to display a significant relationship when the pre-baby measure of personal adjustment is used as a covariate. Further, Awalt reports that a measure of parental role satisfaction following the birth of a child was significantly correlated to PSI scores: .53 ($P < .01$) for women and .36 ($P < .10$) for men.

Bristor (1982), in a study of the effects of perinatal coaching on mother-infant interactions, used the PSI as one dependent variable. The coaching consisted of teaching the parents communication skills in relation to their infants. This instruction was provided on days 1, 2, and 7 post-partum. She found significant difference at the $P < .01$ level in the Total Stress Scores and the three Domain Scores 28 days post-partum between the coached group and the control group of mothers.

Upshur (1981), in a demonstration project involving early intervention for 26 children evidencing developmental delay, generated data indicating that a cut-off of the ninetieth percentile would correctly identify 89% of her high risk sample which is strong evidence of the PSI's ability to be used as a screening device.

Mash (1983a) has used the PSI in a series of studies which focus on hyperactivity and family interactions. He reports that mothers of hyperactive children earn significantly higher scores than parents of normal children and that the younger the child the higher the stress. He found that the Child Characteristics Domain score of the PSI was the most efficient discriminator between the groups. The Distractibility/Hyperactivity subscale and the Degree of Bother subscale accounted for 74% of the variance between a sample of 40 mothers of hyperactive children and 51 mothers of normal children. When a within group discriminant analysis was run for the younger and older hyperactive group, the Mother Domain score and its component subtest scores proved to be the best discriminators.

Mash's (1983b, 1983c) studies using behavioral observations provides some strong concurrent validity data for the PSI in relation to parents of hyperactive children. The mothers of a hyperactive child whose sibling interacted more with the parent during play reported higher levels of parenting self-esteem and lower levels of stress in both the Child and Parent domains. In a supervised-task situation, negative behaviors in the hyperactive sibling dyad were highly correlated (.60) with the Child Characteristics stress score of the PSI. Further, he found that when the mothers' interactional behavior with the hyperactive child was examined in a structured task setting, the mother's stress scores displayed slightly better ability to predict maternal behavior than did observed child behavior.

When Mash (1983b) studied samples of physically abusive and nonabusive mothers, he reported significant differences on all scales of the PSI and significant correlations between PSI stress scores and mothers' interactive behaviors, i.e., directiveness, nonresponding, and negative behaviors. These findings support the PSI's discriminative validity in relation to abusive and nonabusive parents.

Zakreski (1983) examined the relationships between Parenting Stress Index scores, marital status, full-term and pre-term births and infant development as measured by the Bayley Infant Development Scales at 3 and 6 months for a sample of 54 parents. She found that single mothers and mothers of premature infants earned significantly higher scores ($P < .001$) than married mothers, and mothers of full-term babies. Stress scores for married mothers were significantly lower ($P < .01$) in the following three month interval, while single mothers earned slightly higher scores after three months. The PSI scores for the Child Domain, Mother Domain and Total Scores were all significantly ($P < .001$) correlated with the Bayley at both 3 months and 6 months postpartum. In point of fact, the magnitude of the correlation of the PSI with the 6 month Bayley scores increased over the correlations obtained at 3 months (e.g., Total Score, $r = .42$ at 3 months versus $r = .66$ at 6 months.). Zakreski also examined infant development (Bayley scores) in relation to a division of her sample into high, medium, and low stress groups. An analysis of variance indicated a significant difference ($P < .01$) among the groups, with an orderly decrease in mean Bayley scores from low stress to the high stress group. When the infants' health was examined using the Pediatric Complications Scale those scores were found to be significantly correlated with the Total Stress Score of the PSI ($r = .39$) ($P < .002$). When Zakreski examined the parents marital status and term of

birth in relation to the cut-off scores of the 75+ percentile for the high stress group and the 25th percentile or less for the low stress group she found all of the married full-term mothers were in the low stress group and all of the single pre-term mothers were in the high stress group. The PSI's ability to 100 percent correctly classify these groups clearly supports its predictive and concurrent validity. Her test-retest reliability coefficients for the 3 month interval were: Child Domain .77, Mother Domain .69, Situational/ Demographic Domain .75, and Total Score .88, and approximate those reported by Abidin for a 3 week interval.

From the amount of interest and research generated on the PSI since it was first presented to the profession it appears that a fair degree of validity and utility has been established for its use as a research and clinical instrument. As a research tool it may be used as a pre- post measure to evaluate the effects of interventions and to study the relationship of parenting stress to other variables (e.g., martial satisfaction, the child's social development, infant attachment, etc.). Clinically it appears useful for purposes of early identification of parent/child systems under stress and thus may be useful in the prevention of psychopathology. Further, its structure is such that it helps identify sources of stress and therefore serves as a guide to intervention and treatment planning. One consistent finding of practical importance is the fact that the PSI does not misdiagnose normal parent/child dyads as false positives. This results in an efficient use of professional efforts and prevents the problem of possible iatrogenic effects.

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